CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

FORM C/OH COVER SHEET PG 1

(TDD 1-800-735-2989)

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR Mr. NICKNAME LAST	MI 	OFFICE USE ONLY Date Received APR 0 8 2015		
	Baese		7.1. N O O 2013		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address	ADDRESS / PO BOX: APT / SUITE#; CITY; 2721 Logaga Prive Round Rock, TX 78681	STATE; ZIP CODE	Date Hand-delivered or Postmarked Receipt # Amount		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 917-22 22	EXTENSION	Date Processed		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR Agan NICKNAME LAST The rell	MI 	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #; 2800 Cool River Loop Round Rock, TX 78		ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (5/2) 388- 5355	EXTENSION			
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 3	Year 2015		
11 ELECTION	Month ELECTION DATE Year Primary 5 9 20/5	Runoff	General Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Round Rock Cit Place 5	y Council		
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

(512) 463-5800

		The state of the s		
14 C/OH NAME Wri	+ Baese		15 ACCOUNT # (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MA HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAN ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR	
	COMMITTEE TYPE	COMMITTEE NAME		
	SPECIFIC	COMMITTEE ADDRESS ;)		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	`	
_		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12,631 00	
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITER	S Zero	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 5,666.13	
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	\$ 10, 194.25	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y OF THE REPORTING PERIOD	* 2 <i>ero</i>	
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 5, Election Code. My Commission Expires June 03, 2018 Signature of Candidate or Officeholder				
AFFIX NOTARY STAM	P / SEAL ABOVE	· ·		
Sworn to and subs	of April	ne, by the said Writ Basss , 20 15 , to certify which, witness r	, this the my hand and seal of office.	
Signature of officer admin	nistering oath	Many Kwalter Printed name of officer administering oath	Notery Title of officer administering oath	
	990			

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A: 12
2 FILER NAME	Writ Baese		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#_)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1/12/2015	6 Contributor address; City; State; Zip Code		\$250.00	<u> </u>
	1343 River Forest Round	Rock, IX 7866	(If travel outside	 of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/13/2015	Contributor address; City; State; Zip Code		\$250.00	·
	P.O. Box 1117 Round Rock, T.	18080	(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:_ Bryant and Heather Sm	iith .	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/16/2015	Contributor address; City; State; Zip Code		\$250.00	
	310 Courtnees Way George	town, TX 78626		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
1/20/2015	Contributor address; City; State; Zip Code		\$500.00	
·	25 Wilderness Way Round 7	Rock, 1X 78664	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/20/2015	Contributor address; City; State; Zip Code		\$200.00	
	2201 Creekview Round Ro	xk, N 78681	(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: 12	
2 FILER NAME	Writ Baese		3 ACCOUNT # (E	ithics Commission Filers)	
2/6/2015	5 Full name of contributorout-of-state PAC(ID# 6 Contributor address; City; State; Zip Code	<u>, , , , , , , , , , , , , , , , , , , </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	803 Penny Lane RoundR	0 Employer (See		l of Texas, complete Schedule T)	
	,	10			
Date	Full name of contributor out-of-state PAC (ID#_ Greg and Donna Meyer	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
2/26/2015	Greg and Donna Meyer contributor address; City; State; Zip Code 8809 Westerkirk Drive Aust	in,TX 78750		of Toyon complete Schodule TV	
Principal occu	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)	
Date	Full name of contributor out-of-state PAC(ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
2/24/2015	Contributor address; City; State; Zip Code	XI, O.	\$150.00		
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)	
	,	,,			
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
2/26/2015	Contributor address; City; State; Zip Code		\$50.00		
	POBOX 684733 Austin, TX			of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Full name of contributor out-of-state PAC (ID#_NUTE and Nancy MaxWell Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)	
2/19/2015	3400 Vintage Drive Round Roo	CK,TX 78664	\$500,00 (If travel outside o	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		

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SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A: 12
2 FILER NAME	Writ Baese	7	3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_Shayne and Kaysie Edd	leman.	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2/13/2015	6 Contributor address; City; State; Zip Code		#300.00	Truck complete Schoolule Ti
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_ Scott Hesel Meyer		Amount of contribution (\$)	In-kind contribution description (if applicable)
1/27/2015	Contributor address; City; State; Zip Code 142 Chesnut Grove Jamell,		\$250.00	
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/1/2015	Contributor address: City: State: Zip Code			
Principal occup	pation / Job title (See Instructions)	Employer (See I	<u> </u>	Ji Texas, complete contecute 1,
Date	Full name of contributor out-of-state PAC (ID#_Nancy Rabb		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/15/2015	Contributor address; City; State; Zip Code 2604 Sunrise Road Round Roa	~ TX 78665	*300,00	
Principal occup	pation / Job title (See Instructions)	Employer (See In		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/17/2015	Contributor address; City; State; Zip Code 2511 Creek Bend Circle Round Ro	xk,TX 78681	# 100.00	 of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In		

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SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A: 12
2 FILER NAME	Writ Baese		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2/23/2015		D- LT	#100,00	
	2212 DEI WICK DINE KOUND	78681	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_ USA and Hollis Bone		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/23/2015	Contributor address; City; State; Zip Code 2601 Henley Drive Round Rod	5.TX 78681	\$100,00	
Principal occup	pation / Job title (See Instructions)	Employer (See		f Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/23/2015	Kyan and Jessica McG contributor address; City; State; Zip Code IWZ ## East Messick Loop Pour		為100,00	 of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/23/2015	Contributor address; City; State; Zip Code 3307 Texana Court Round Roo	X,7X 78681	\$100,00	· ·
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_ Rufus and Margaret Ho Contributor address: City: State: Zin Code	reycutt	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/24/2015	Contributor address; City; State; Zip Code 3009 Cedar Elm Lane Round F	Rock,TX 78681	#100,00	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		

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SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A: 🔪
2 FILER NAME	Writ Baese		3 ACCOUNT # (E	ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2/23/2015	6 Contributor address. Oits Otata 7:- Oada	X 7818D	\$100,00	
	LOPON 1921 HORIGHOUNT	10000	(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_ Roy and Denise Bea	id	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/23/2015	Roy and Denise Bea contributor address; City; State; Zip Code 1902 Shadowbrook Circle Roy	indRock,TX	\$100,00	·
	The Character and the characte	78681	(If travel outside of	l of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/23/2015	Contributor address; City; State; Zip Code	Rock,TX 78681		
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
i illicipal occu	Sation 7 000 title (Gee matacaons)	Employer (Gee)		
Date	Full name of contributor out-of-state PAC (ID#_	,,,	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/23/2015	Contributor address; City; State; Zip Code		\$100,00	
	3000 1000 2 1000	V\ 1000 \	(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		The state of the s
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/23/2015	Wadeard Judy Micleod Contributor address; City; State; Zip Code)	\$50,00	description (il applicable)
425/2013	2019 North Mays Round Ro	xxx78664		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		and the second s

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SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	redule A: 1 3
2 FILER NAME	Writ Baese	,	3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC(ID#_	uones	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2/23/2015			\$30,00	
		1-0-1111 10001	(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See		
Date	Full name of contributor out-of-state PAC (ID#:_	25	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/23/2015	Jim and Monti Bok contributor address; city; state; zip code 2201 Hairy Man Road Round R	cck,TX 78681	^{\$} 250,00	·
	2	•	(If travel outside of	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Date	Full name of contributor ut-of-state PAC (ID#:_		Amount of	In-kind contribution
	Shame I Shamies	2420	contribution (\$)	description (if applicable)
2/23/2015	Steve and Shonnies Contributor address; City; State; Zip Code 6 Oak View Round Rock, T		\$200.00	
	Dog Thomas	1000	(If traval outside	of Towar complete Schodule T
Deineinel seem	nation / Joh title (Can Instructions)	Employer (Coo.)		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	instructions)	
Date	Full name of contributor ut-of-state PAC (ID#)	Amount of	In-kind contribution
	David Quinn		contribution (\$)	description (if applicable)
2/23/2015	Contributor address; City; State; Zip Code	T > T () T ()	\$50,00	
0,0-,-	3726 Galera Hillsloop Round	7 KOCK, 1X , 181981		 I
	,			of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	Sean and Kristins	Stovens	contribution (\$)	description (if applicable)
1 - 1	Contributor address; City; State; Zip Code	> icaci is	# 6 00	×
2/23/2015		102	450,00	
	901 Hidden Glen Drive Round	JRock,TX 78681	VIE Annual austriala	A Tarana and the October 1
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
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The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A: 12
2 FILER NAME	Writ Baese		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:_)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2/23/2015	6 Contributor address; City; State; Zip Code	Dal V 70181	\$250.00	! -
	1922 S. S. S. S. C. M. C. I. G. B. KOTU.	3400KIN 10101	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_ Charles and Beth Aven	√	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/23/2015	Contributor address; City; State; Zip Code 4829 Sable Oaks Drive Round F	Rack, TX 78681	\$500,00	
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	instructions)	
Date	Full name of contributor out-of-state PAC (ID#:_ Brentand Angela Bak	ier	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/23/2015	contributor address; City; State; Zip Code 3311 Blue Ridge Drive Round	Rock,TX 78681	\$50.00	
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_	<u></u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/23/2015	Contributor address; City; State; Zip Code 2921 Cuero Cove Round Rock	TX 78681	\$500,00	
District Control				of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor out-of-state PAC (ID#_	<i>h</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/23/2015	Contributor address; City; State; Zip Code 1113 Apollo Circle Round Roc	KTX 78664	\$25.00	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See II		

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SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: 12
2 FILER NAME	Writ Baese		3 ACCOUNT # (E	thics Commission Filers)
4 Date 2 2 23 2015			7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	108 East Bagdad Round Roc	K, TX 78664	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:_ Brad and Belen Thor	ne	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/13/2015	Contributor address; City; State; Zip Code 2303 Woodway North Round	Rock, TX 78681		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		.,
Date 2/28/2015	Full name of contributor out-of-state PAC (ID#_ Serry and Unda Brack Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
	2721 Sam Bass Road Round	18681 18681	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date		Sahey	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/27/2015	Contributor address; City; State; Zip Code 1900 CR 245 Georgetour	TX 78633	\$500.00	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#	Niller	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/6/2015	1202 Delia Chappalane Hut	10TX 78634	#500.00 (If travel outside o	of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See I	nstructions)	

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SCHEDULE A

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The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A: 12
2 FILER NAME	Writ Baese		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3/9/2015	6 Contributor address; City; State; Zip Code		\$100.00	
	808 East Main Street Roun	78664 78664	(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/23/2015	Contributor address; City; State; Zip Code 2124 Aaron Ross Way Round	Rock TX 78665	[#] 250.00	
	212 17 Idia x 1 Day 1000 D	110011111110000		of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/23/2015	Contributor address; City; State; Zip Code 211 West Bagdad Avenue Roun	dRack, TX	\$125,00	
	- Hear segment the last	78664	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		- Totale, complete conceder ty
Date	Full name of contributor out-of-state PAC (ID#_FYANK LEFFINAWELL)		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/23/2015	Contributor address; City; State; Zip Code	DIV	\$225.00	l
	211 West Bagdad Avenue Round	78664	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:_	SS	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/10/2015	Contributor address: City; State; Zip Code 2711 Cedar Springs Place Round	Rock, TX 786.51	\$ 250,00	
Principal occup	pation / Job title (See Instructions)	Employer (See II		of Texas, complete Schedule T)

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SCHEDULE A

Simple Sign State Stat					
4 Date 5 Full name of contributor out-of-table PACIDE 7 Amount of contribution (\$) 8 In-kind contribution description (if applicable \$250.00 \$250.	The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	
Halff 6 contributor address; City: State: Zip Code Z Sierra Way Georgston X 78626 Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City: State: Zip Code Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City: State: Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Contributor address; City: State: Zip Code Full name of contributor Contributor address; City: State: Zip Code Full name of contributor Contributor address; City: State: Zip Code Full name of contributor Contributor address; City: State: Zip Code Full name of contributor Contributor address; City: State: Zip Code Full name of contributor Contributor address; City: State: Zip Code Full name of contributor Contributor address; City: State: Zip Code Full name of contributor Contributor address; City: State: Zip Code Full name of contributor Contributor address; City: State: Zip Code Full name of contributor Contributor address; City: State: Zip Code Full name of contributor Contributor address; City: State: Zip Code Full name of contributor Contributor address; City: State: Zip Code Full name of contributor Contributor address: City: State: Zip Code Full name of contributor Contributor address: City: State: Zip Code Full name of contributor Contributor address: City: State: Zip Code Full name of contributor Contributor address: City: State: Zip Code Full name of contributor Contributor address: City: State: Zip Code Full name of contributor Contributor address: City: State: Zip Code Contributor address: City: State: Zip Code Contributor address: City: State: Zip Code	2 FILER NAME	Writ Baese		3 ACCOUNT # (E	thics Commission Filers)
2 Sierra Way Georgetaan IX 78626 (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC(IDR Amount of Contribution (If applicable Contributor address; City: State; Zip Code 4/50.00 Frincipal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC(IDR Amount of Contribution (If applicable Contribution (If applicable Contributor address; City: State; Zip Code Frincipal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC(IDR Amount of Contribution (If applicable Contributor address: City: State; Zip Code Full name of contributor out-of-state PAC(IDR Amount of Contribution (If applicable Contribution (If applicable Contributor out-of-state PAC(IDR Amount of Contribution (If applicable Contribution (If applicable Contribution (If applicable Contributor out-of-state PAC(IDR Amount of Contribution (If applicable Contribution (If applicable) Contributor out-of-state PAC(IDR Contribution (If applicable) Contributor out-of-state PAC(IDR Contributor (If applicable) Contributor out-of-state PAC(IDR Contribution (If applicable) Contributor out-of-state PAC(IDR Contribution (If applicable) Contributor out-of-state PAC(IDR Contributor (If applicable) Contributor out-of-state PAC(IDR Contributor (IDR Contributor (IDR Contributor (IDR Contributor (IDR Contribution (IDR Contribution (IDR Contributor (IDR Contributor (IDR Contribu	4 Date	5 Full name of contributor out-of-state PAC (ID#_)	the state of the s	8 In-kind contribution description (if applicable)
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Contributor address: City: State; Zip Code Contributor address: City: State; Zip Code	Date	James and Lisa Cop	eland	The same of the sa	In-kind contribution description (if applicable)
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George and Susan Marking Contributor address; City: State; Zip Code 200.00	Principal occu	pation / Job title (See Instructions)	Employer (See		rexas, complete scriedule 1)
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Carl and Deanna Miller Contributor address; City; State; Zip Code #500,00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#	Principal occup	pation / Job title (See Instructions)	Employer (See I		, ,
Contributor address; City; State; Zip Code 2100 Casa Linda Cove Round Rock TX 78681 Principal occupation / Job title (See Instructions) Employer (See Instructions) Contributor Contributor Contributor Contribution Cont	Date	Full name of contributor ut-of-state PAC (ID#:_			
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Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code	Principal occupation / Job title (See Instructions) Employer (See Instructions)				
111217015	Date	Full name of contributor out-of-state PAC (ID#:_			In-kind contribution description (if applicable)
22.20 Maria	1/13/2015		2-2()	\$150,00	
2323 Normandy Grace New Braunfels, TX 78130 (If travel outside of Texas, complete Schedule T)		2323 Normandy Grace New	obraunieis, TX 78130	i	f Texas complete Schedule T
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occup	eation / Job title (See Instructions)	Employer (See I		i ionas, complete sofiedule 1)

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P.O. Box 12070

SCHEDULE A

<u> </u>					
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A: 12		
2 FILER NAME Writ Baese			3 ACCOUNT # (E	thics Commission Filers)	
4 Date	David Schneider		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
2/17/2015 6 Contributor address; City; State; Zip Code 1300 Becca Teal Place Round Rock, IX 78681			\$250.00	of Tours complete Schodule T	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	L	of Texas, complete Schedule T)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
2/20/2015	Contributor address; City; State; Zip Code 9101 Dona Villa Place Austra	0.TX 78726	\$200,00	 - pf Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See		rezas, complete deflectule 1)	
Date	Full name of contributor out-of-state PAC (ID#_ Rene and Cynthia F)	iores :	Amount of contribution (\$)	In-kind contribution description (if applicable)	
2/23/2015	Contributor address; City; State; Zip Code 1013 Parrot Trail Round Roc		\$ 25,00	 of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
2/23/2015	Contributor address; City; State; Zip Code 17008 Pagosa Springs Court	Austin,TX 78717	\$150,00	l . 	
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
2/23/2015	301 Deerfoot Round Rock	(TX 78681	\$15,00		
Principal occup	ation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)	

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SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:		
2 FILER NAME Writ Baese		3 ACCOUNT # (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC(ID#)		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
2/23/2015	I .		\$500.00		
	2503 Chowan Way Round Rock, TX 78681		(If travel outside	of Texas, complete Schedule T)	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)		
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
2/24/2015	Contributor address; City; State; Zip Code 2202 Clearwater Drive Roun	dRock, TX 78651	\$200,00	 	
			(If travel outside of	of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
3/2/2015	contributor address; City; State; Zip Code 257 Whitney Run Budg T	V 17000	\$200,00		
	231 Whithey Run Budg	V 18610	(If travel outside	of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)	
2/24/15	Contributor address; City; State; Zip Code		\$ 94 00	Event	
	Royal Rock TX 78665			المام من الموليد	
Principal occupation / Job title (See Instructions) [If travel outside of Texas, complete Schedule T) Employer (See Instructions)					
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code				
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Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)	

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POLITICAL EXPENDITURES

SCHEDULE F

	EXPENDITURE CA	TEGORIES FOI	R BOX 8(a)	
Advertising Expense		laries/Wages/Contra		n Repayment/Reimbursement
Accounting/Banking	SCASSAGONA SAGONAS PROGRAMAS AND CONTRACTOR	THE STATE OF THE S		nsportation Equipment & Related Expense
Consulting Expense	5	avel In District		ntributions/Donations Made By
Event Expense		avel Out Of District	(Candidate/Officeholder/Political Committee
Fees	3	fice Overhead/Renta	I Expense OTH	HER (enter a category not listed above)
. 665	The Instruction Guide exp			,
V	The histraction datae ex	planis now to com	piete tilis foriii.	
1 Total pages Schedule F:	2 FILER NAME Writ Baes	ie		3 ACCOUNT # (Ethics Commission Filers)
4 Date / /	5 Payee name			
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6 Amount (\$)	7 Payee address; City; State;	Zip Code		
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\$200	ROUN Ruck TX	7866Y		
8 PURPOSE	(a) Category (See categories listed at the top of the	nis schedule) (b)	Description (If tra	vel outside of Texas, complete Schedule T)
OF	A		6000	•
EXPENDITURE	Advertising		_	, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sought	Office held
Date	Payee name			
Date / // //5	Payee address: City; State;	torapha		
Amount (\$)	Payee address; City; State;	Zip Code		
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. 727	Round Rock, TX	78664		
DUDDOOF	Category (See categories listed at the top of th	nis schedule)	Description (litra	evel outside of Texas, complete Schedule T)
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EXPENDITURE	Advertising		_ / . , ,	
	110000		Check if Austin	, TX, officeholder living expense
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expenditure to benefit C/C	DH			
	I _			
Date	Payee name	. /	1 .	
1/17/15	Sarah 1 Page	Consul	ring	
Amount (\$)	Payee address; City; State;	Zip Code	dan	
tonally	PU 1334 8665		_	
*5.77~	Round Rock, TX	7868:	3	
DUDDOSE	Category (See categories listed at the top of th	nis schedule)	Description (If tra	vel outside of Texas, complete Schedule T)
PURPOSE OF	Consulting		CONSO	ring
EXPENDITURE	(3/13/17/1/9		Check if Austin	, TX, officeholder living expense
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expenditure to benefit C/C	· · · · · · · · · · · · · · · · · · ·			
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	Category (See categories listed at the top of the	nis schedule)	Description (If tra	avel outside of Texas, complete Schedule T)
PURPOSE	/ / / / / / / / / / / / / / / / / / / /		Fees	and a second sec
OF	rees			TV officeholder living expense
EXPENDITURE	1113			, TX, officeholder living expense
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
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Texas Ethics Commission

SCHEDULE F

	EXPENDITURE	CATEGORIES F	OR BOX 8(a)	100	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Cor	ntract Labor	Loan Repayment/Rei	mbursement
Accounting/Banking	Legal Services	Solicitation/Fundrais	sing Expense		ment & Related Expense
Consulting Expense	Food/Beverage Expense Polling Expense	Travel In District Travel Out Of Distr	ict	Contributions/Donation	ons Made By older/Political Committee
Event Expense Fees	Printing Expense	Office Overhead/Re			gory not listed above)
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4 Tatal names Cabadula Fr	pi-	- CAPIGINO NOW 10 0		·	(Ethics Commission Filers)
1 Total pages Schedule F:	2 FILER NAME Writ Bar.	se		O ACCOUNT #	(Lanes commedian riners)
2/2/15	5 Payee name City of Royal	Rock			
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code			
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420	Roval Rock, TX	78664			
8 PURPOSE	(a) Category (See categories listed at the top		(b) Description	(If travel outside of Texas,	complete Schedule T)
OF			Fill	ing Fee	
EXPENDITURE	tees		_	ustin, TX, officeholder liv	ing expense
O Complete ONLY if diseat	Candidate / Officeholder name		Office sough		Office held
9 Complete ONLY if direct expenditure to benefit C/C					
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PURPOSE OF	Category (See categories listed at the top	of this schedule)	Sign	· · · · · · · · · · · · · · · · · · ·	complete deficación ()
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2/23/15	Payee name	X.			
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OF EXPENDITURE	Event		Check if A	ustin, TX, officeholder liv	ing expense
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Complete ONLY if direct expenditure to benefit C/					300
	ATTACH ADDITIONAL CO	OPIES OF THIS S	CHEDULE AS I	NEEDED	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salarie Legal Services Solicite Food/Beverage Expense Travel Polling Expense Travel	is/Wages/Contract Labor ation/Fundraising Expense In District Out Of District Overhead/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)		
	The Instruction Guide explain	ns how to complete this fo	orm.		
1 Total pages Schedule F:	2 FILER NAME Writ Baes	57	3 ACCOUNT # (Ethics Commission Filers)		
4 Date / 12 / 15	5 Payee name Minuteman Press				
6 Amount (\$) \$280 9.63	7 Payee address; City; State; Zi 1904 S. Austin Au beoing fown TX (a) Category (See dategories listed at the top of this sc	p Code 78626			
8 PURPOSE OF	1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	(b) Description	n (If travel outside of Texas, complete Schedule T)		
EXPENDITURE	Advertising		Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office soug	ht Office held		
Date 3/28/15	Payee name Sarah Trage (va Payee address; City; State; Zi	sulting			
Amount (\$)	Payee address; City; State; Zi	p Code			
1650 °E	PUBOX 8665 Round Rock TX	7868 7868	3		
PURPOSE OF	Category (See categories listed at the top of this sc		(If travel outside of Texas, complete Schedule T)		
EXPENDITURE	Consulting		Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office soug	ht Office held		
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Amount (\$)	Payee address; City; State; Zi	o Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so		n (If travel outside of Texas, complete Schedule T) Austin, TX, officeholder living expense		
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expenditure to benefit C/OH					
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense

P.O. Box 12070

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

(512) 463-5800

Fees	The Instruction Guide explains how to d	complete this form		
	The instruction Guide explains now to c			
1 Total pages Schedule G	2 FILER NAME Writ Baese	3 ACCOUNT # (Ethics Commission Filers)		
4 Date 15	5 Payee name Face book			
6 Amount (\$) 7 66 7 6 Reimbursement from political contributions intended	Palo Alto, CA 943			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T) Online Ad Check if Austin, TX, officeholder living expense		
2 29/5	Payee name Facebook			
Amount (\$) \$ 31.15 Reimbursement from political contributions intended	Payee address; City; State; Zip Code Po 130x 10005 Palo Alto, CA 9430	03		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advarising	Description (If travel outside of Texas, complete Schedule T) Online Ad		
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7/3(//5	Payee name Facebook	. "		
Amount (\$) 7 7 2 V Reimbursement from political contributions intended	Payee address: City; State; Zip Code PO Box 10005 Palu Alto CA 94303			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Adventising	Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense		
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